

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			
2		/		/			52			
3		/		/			53			
4		(1)		/			54			
5		/		/			55			
6		(1)		/			56			
7		(1)		/			57			
8		(1)		/			58			
9		(1)		/			59			
10		(1)		/			60			
11		(1)		/			61			
12	/		/				62			
13		/		/			63			
14		/		/			64			
15		(1)		/			65			
16		/		/			66			
17		(1)		/			67			
18		(1)		/			68			
19		(1)		/			69			
20		(1)		/			70			
21		(1)		/			71			
22		(1)		/			72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			